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PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.
 (Lenders, donors, guarantors and managers must also complete this questionnaire.)
 b. If you are a lender, donor or guarantor you must state your relationship to the applicant.
 c. Make duplicate blank forms as necessary.
 d. Answer all questions below.
 e. Attach additional sheets if more space is needed.

NAME OF APPLICANT

NDIAN TAJ INC.

1. STATEMENT OF IDENTIFICATION

Print **YOUR** name:

Date of birth

Social Security Number

JOGINDER SING H

07/01/1961

●●●5●●

Residence street address

County

80-55 LANGDALE STREET

QUEENS

City

State

Zip Code

Residence Telephone

Cellular Phone

NEW HYDE PARK

NY

11040

516-806-8455

516-806-8455

E-mail Address

U.S. Citizen

If NOT U.S. citizen - country of citizenship

☒ YES ☐ NO

If ALIEN, registration number or VISA type

List any other names that you may have been known by (including maiden name)

HEIGHT

5'7

HAIR COLOR

BLACK

MARITAL STATUS

MARRIED

WEIGHT

170 LBS

EYE COLOR

BLACK

SPOUSE NAME

NAVDEEP SHINI

SEX

☒ MALE ☐ FEMALE

SPOUSE'S SOCIAL SECURITY #:

●●●4●●

2. Position (or interest) you will hold (check each):

☐ President☒ Director☐ Manager☒ Vice President☒ Stockholder☐ Lender*☐ Secretary☐ Partner☐ Donor*☐ Treasurer☐ General Partner☐ Guarantor*☐ Chairman☐ Limited Partner☐ LLC Manager☒ Officer☐ Sole Proprietor☐ LLC Member☐ ABC Officer☐ Other _____

*If Lendor, Donor or Guarantor state your relationship to the applicant.

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Print YOUR Name JOGINDER SINGH

3. Residences for the past TEN years.

Address	From (month/year)	To (month/year)
80-55 LANGDALE STREET, NEW HYDE PARK, NY 11040	01/2010	PRESENT
Address	From (month/year)	To (month/year)
76-40 264TH STREET, GLEN OAKS, NY 11004	03/2003	12/2009
Address	From (month/year)	To (month/year)
Address	From (month/year)	To (month/year)
Address	From (month/year)	To (month/year)

4. Your occupation for the past TEN years

From/To (month/year)	Employer	Employer Address
05/2003 - PRESENT	INDIAN TAJ	257-05 UNION TPKE, GLEN OAKS, NY 11004
Type of business	Position	
RESTAURANT	OWNER / COOK	
From/To (month/year)	Employer	Employer Address
Type of business	Position	
From/To (month/year)	Employer	Employer Address
Type of business	Position	

5. LICENSE HISTORY / AFFILIATIONS

- (a) If you are an applicant (i.e. proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? ☒ YES ☐ NO

List hours you will devote to business sought to be licensed:

30 TO 40 HOURS

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Print Form

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☐ Original

☐ Amended

Date

Print YOUR Name JOGINDER SINGH

- (b) Will you take an active part in the operation of the business to be licensed? ☒ YES ☐ NO

If YES, explain nature of activity (hours, days, responsibilities):

HE HANDLES AND MANAGE THE KITCHEN. HE WORKS FROM 5:00 PM TO 10:00 PM EVERY DAY.

- (c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? ☐ YES ☒ NO

If YES, provide information below:

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

Business name

Business address

Type of interest and date interest began

Serial Number

- (d) Other than as itemized in the above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership or corporation in which you are/were a principal? ☐ YES ☒ NO

If YES, provide information below:

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

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☐ Original

☐ Amended

☐ Date

Print **YOUR** Name JOGINDER SINGH

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

Name of applicant

Address of premises

Date of filing

Serial Number

Disposition

- (e) Has a license or permit listed above been REVOKED, CANCELED or otherwise **Involuntarily Terminated**? ☐ YES ☒ NO

If YES, state action and date of action, and give details:

- (f) Are you a police commissioner or law enforcement/police officer? ☐ YES ☒ NO

If YES, provide details

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NY State Liquor Authority

JUN 14 2013

Albany, NY
Licensing Bureau

PQ-rev030912

☐ Original☐ Amended

Date

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Print YOUR Name

Joginder Singh

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

- (a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualification) which would forbid a person to traffic in alcoholic beverages?

YOU	SPOUSE
<input type="radio"/> YES	<input type="radio"/> YES
<input checked="" type="radio"/> NO	<input checked="" type="radio"/> NO

If YES, supply details

- (b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor or driving while intoxicated or impaired?

YOU	SPOUSE
<input type="radio"/> YES	<input type="radio"/> YES
<input checked="" type="radio"/> NO	<input checked="" type="radio"/> NO

If YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

- (c) If you have previously been approved for a license and had been convicted of any felony misdemeanor or other type of offense except minor traffic infractions were all convictions reported to the Authority? ☐ YES ☒ NO

If YES, attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.

- (d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU	SPOUSE
<input type="radio"/> YES	<input type="radio"/> YES
<input checked="" type="radio"/> NO	<input checked="" type="radio"/> NO

IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.

7. Do you have any relationship (employment, family, business or otherwise) with the current/previous licensee ?☐ YES ☒ NO

If YES, please provide a detailed explanation of the nature and the extent of the relationship.

Signature:

Joginder Singh

Date:

5/29/13

app-stmt-rev042511

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

APPLICANT'S STATEMENT

I, [print name] Joginder Singh

(the ☐ sole proprietor , ☐ partner , ☒ corporate principal or ☐ LLC/LLP member)
understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Joginder Singh
Signature

5/29/13
Date